

L19000079046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

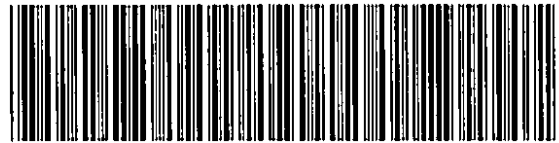
(Business Entity Name)

(Document Number)

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Amend/cc
CUS

MAY 21 2019

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Y00S Donuts LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carolina Espallat
Name of Person

Firm/Company

10711 Clowr Walk Dr
Address

Orlando FL 32825
City/State and Zip Code

Y00S Donuts@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolina Espallat at (321) 3547628
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VOOSDONUTS LLC

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Yenama Bolivar	10640 Tibbett st	<input type="checkbox"/> Add
		Orlando FL 32832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Paul Espallat	10711 Clover Walk DR	<input type="checkbox"/> Add
		Orlando FL 32825	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 25, 2019.

Signature of a member or authorized representative of a member

Typed or printed name of signee